



HOME NURSING

IN

FEW WORDS



BY J. M. CARVELL, M.R.C.S.L.S.A., LOND.

INCLUDING USEFUL REFERENCE TABLES

An invaluable Pocket Companion for RED CROSS
AND NURSING STUDENTS, HOSPITAL ORDERLIES,
ALL HOUSEWIVES, and others interested in the
subject of HOME NURSING.

PRICE TWOPENCE.

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83-91, GREAT TITCHFIELD STREET, OXFORD STREET, W

71st THOUSAND (Revised)

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Baths

Temperature of Baths:—

Cold—50 to 70° F. Hot—98 to 105° F.

Alkaline Bath.—Carbonate of Sodium $\frac{1}{2}$ oz. to each gallon of water.

Mustard Bath.—Mustard, $\frac{1}{2}$ to 1 oz. to each gallon of water.

Brine Bath.—Common Salt 6 lb., or Sea Salt 3 lb., to 10 gallons of water.

SICK ROOM

Aspect, S., S.W., or W. Temp. 55° to 65° Fahr. 1,000 cubic feet space required for patient. Cubic capacity of room is length $\times$ breadth $\times$ height. 3,000 cubic feet fresh air required per patient per hour.

Floor space should be not less than one-twelfth of cubic space.

Ventilation—Supply of fresh air and escape of impure air should be continuous, night and day. Air of equable temperature. Air entering in upward direction. **No draughts.**

Natural forces aid ventilation by (1) diffusion (mixture) of gases; (2) hot air, lighter than cold, rises; (3) winds flush rooms and draw foul air up chimneys.

Furniture—As little as possible.

Dusting—Room dusted at least twice daily; 2 dusters used (1 damp and 1 dry); each article rubbed with damp one, then polished with dry one.

Bedsteads, single iron, 6ft. 6in. $\times$ 3ft. Bedding, chain springs, horse hair mattress (in cases of fracture place boards under mattress), sheets, cotton.

Visitors

Only admitted by doctor's orders. Should sit on chairs (not on the edge of bed) between door and bed, where patient can see them easily. Should leave immediately visit is over. **Nurse to notice effect visitor has on patient.**

To make up Fires

Place large pieces of coal on fire by hand protected by glove. This prevents noise.

Points to be aimed at in Bed Making

(1) The patient's comfort; (2) Cleanliness of linen and blankets; (3) Neatness in putting on bed-clothes

To make a Bed

1. Lay single blanket on mattress, tuck in firmly at head to prevent weight of patient's body working it down.

2. Lay under sheet on bed, tuck in at head first, then at foot, pull taut and smooth, lastly tuck sides.

3. Lay upper sheet on lower, allow sufficient at head to turn back over quilt.

4. Blankets laid over upper sheet; if too long turn up at foot.

5. Sides of upper sheet and blankets tucked in.

6. Quilt laid on; not folded at patient's shoulders. Bolster should have case.

Pillows well shaken and often turned.

To change Upper Sheet

Remove quilt, &c., leaving soiled upper sheet and one blanket. Place clean sheet (previously aired) over these, and blanket. Leave in position for five minutes. Then person standing at side of bed takes hold of top and bottom of clean sheet and blanket; another person removes soiled sheet and blanket from other side.

To change Under Sheet

Have fresh sheet (well warmed) rolled up lengthwise to half width.

Remove quilt and pillows; turn patient on right side, keeping upper bed-clothes close to back.

Roll soiled under sheet towards patient's back. Place rolled clean sheet on bed parallel with patient's back, spread unrolled portion smoothly over left half of bed; tuck in. Now turn patient on left side over rolls of sheets; remove soiled sheet and spread clean one smoothly over right half of bed; tuck in.

In some surgical cases, as fracture of thigh, &c., patient cannot be turned on side, sheet then changed from head to foot.

To prevent a Patient slipping down in Bed

Roll a pillow in a sheet, place against buttocks and under thighs, tuck ends of sheet under mattress.

When patient has to be propped up in bed lay two pillows on either side of him diagonally across corners of bed, points overlapping at top, place a fifth pillow across the corners of four diagonally placed.

Draw Sheet

A mackintosh should be placed on bed to reach from bolster to knees of patient, and over this a sheet folded lengthwise; end tucked in on one side; on other side spare end folded flat and passed under mattress. As draw-sheet becomes soiled, spare end is unfolded and soiled portion drawn from under patient and rolled on other side of bed. A draw-sheet is changed in same way as under sheet.

To Administer Enema

Place patient on left side, so that buttocks almost project over right edge of bed, draw knees up. Place under patient mackintosh covered with towel, turn back all bed-clothes excepting one blanket. Oil nozzle of syringe (after filled with the fluid—no air should be left in syringe). Pass index finger of left hand between buttocks, lay it lightly on anus, pass tube below finger into bowel, guiding backwards and upwards. As nozzle touches anus, muscle contracts. **No force should be used**; pause a second keeping tube in position. Almost immediately muscle will relax and tube slip in. Fluid then *slowly* injected. When injection given, gently and slowly remove tube. Make firm pressure at once on anus with folded towel, to assist patient retaining enema.

Soap and Water Enema usually given with Higginson's Syringe. Yellow soap, 1 oz.; water, 2 $\frac{1}{2}$ pints (temperature 95° to 100° F.). Glycerine Enema usually given with vulcanite syringe. 1 to 2 drachms.

Washing in Bed—Close windows first; draught on wet skin very chilling. Everything ready at bedside **before** patient disturbed. Articles required—2 basins (1 small, for soapy water; 1 large for washing off soap); temperature of water 105 to 108° F.; soap, sponge, flannel, 2 towels, small mackintosh, tooth brush, glass, brush, comb, dusting powder, methylated spirit, hot and cold water. Long mackintosh covered with blanket placed under patient over under sheet; second blanket over patient. Patient's clothes now removed. Place small piece of mackintosh and towel under parts of patient's body as required. Wash face, neck, and dry. Turn down blanket, wash chest and dry; draw up blanket to neck. Wash and dry each arm in turn, and cover. Lift blanket; wash abdomen under blanket. Wash legs. Turn patient to one side, wash from nape of neck downwards. Dab any red places with methylated spirit and dusting powder. Length of time for washing, 20 minutes. Special attention to ears, feet, and nails. Postpone attention to hair, teeth, &c., for short time if patient exhausted by washing.

Dusting Powder—Starch—Zinc Oxide—Powdered Borax. Equal parts of each.

Digestive Process

In Mouth—Food masticated (broken up), mixed with saliva which moistens it and changes starch to sugar.

In Stomach—Food churned, gastric juice changes proteids to peptones (soluble)

In Intestines—Food acted upon by bile and pancreatic juice. Bile dissolves fats and turns them to emulsion. Pancreatic juice turns fats to glycerine and fatty acids, also changes proteids to peptones and starch to sugar. Lastly, food meets intestinal juice which digests any particles which have escaped.

FOOD CLASSIFICATION

Class of Food	Examples	Uses	Digested by	Where Digested	Absorbed by
Proteins (Nitrogenous)	Meats, albumen, fish, poultry, vegetables, cheese	To repair wear and tear of tissues	a. Gastric juice b. Pancreatic juice c. Intestinal juice	a. Stomach b. Bowels	Blood capillaries
Carbohydrates (Starches)	Bread, potatoes, rice, sugar	For body heat and nervous and muscular energy	a. Saliva b. Pancreatic juice c. Intestinal juice Sugar— a. Gastric juice b. Liver	Starches— a. Mouth b. Bowels Sugar— a. Stomach b. Liver	Blood capillaries Some stored in liver and muscles Lactical vessels
Fats	Butter, oil, cream, suet, yolk of egg, fat of meat	For body heat	a. Bile b. Pancreatic juice c. Intestinal juice	—	Blood capillaries in a. Stomach b. Mouth c. Bowels
Salts	Table, vegetable, and animal salts	For growth and nutrition of all parts	Dissolved by saliva and gastric juice	—	Blood capillaries in a. Stomach b. Mouth c. Bowels
Water	Water	To dilute foods, aid absorption, and to replace lost water	No need of digestion	—	Blood capillaries in a. Stomach b. Mouth c. Bowels

Vitamins—Little known about chemical composition at present beyond that their absence in foods is responsible for some diseases, and imperfect growth and development, particularly in children. Vitamins are various chemical constituents, some of which are probably present in all natural foods, specific vitamins are known to exist in animal fats and certain fresh fruits and vegetables.



TO THE NURSE

Your objective is the early and satisfactory recovery of your patient. In this the doctor is in league with you. Work loyally with him. Scrupulously and conscientiously carry out his orders.

Towards your patient be attentive, kind, and gentle, anticipating his wants. Be sympathetic—up to a point—firm when necessary, and hopeful always.

Cultivate his confidence and deserve it. Be an optimist and maintain a cheery demeanour in the sick room, and out of it. Be modest not prudish, thorough not fussy, tactful not masterful. Don't talk sickness with your patient or in his hearing. He has enough to go on with. Look well to your own health and take regular exercise. Look your best in the sick room. Cleanliness and tidiness are essential in person and dress. Cultivate self-control; nurse should have herself well in hand. Never display anxiety to your patient. Believe in your abilities to achieve results.

Chief Points to be noted in Nurse's Report

Temperature and state of skin—Pulse rate—Respiration rate—Appetite—General appearance (quiet, restless, irritable, &c.)—Sleep (amount of, if peaceful, &c.)—Cough, expectation—Action of bowels and kidneys—Pain—Effect of remedies.

THE PATIENT

Temperature—Take by clinical thermometer at regular stated times daily—under tongue, in armpit, or fold of groin. **Record at once.** Cleanse thermometer after use. Normal temperature is 98.4° Fahrenheit.

Record is for doctor, *not* for patient or visitors. To convert degrees Fahrenheit into degrees Centigrade deduct 32, multiply by 5, and divide by 9. To convert degrees Centigrade into degrees Fahrenheit multiply by 9, divide by 5, and add 32.

Pulse—Take pulse rate when patient quiet and at rest—not agitated or excited. **Record at once.** Normal Beats per minute—Adults 70 to 80; Youth or Childhood 80 to 100; Infancy 100 to 120.

Respiration—Take respiration without knowledge of patient when at rest. Normal Rate—15 to 20 per minute.

Respiration of adult female usually slightly more rapid than male. **Record at once.** Relation of respiration rate to pulse rate 1 to 4.

Dressing—To put on shirt—Put patient's arms into sleeves, then gather up back of shirt with one hand and slip over head.

To take off shirt—Pull up back of shirt as high as possible, slip over patient's head and take out arms.

If arm injured, put on injured limb first; when taking off remove from injured limb last.

Feeding—Follow doctor's instructions closely. Generally allow 4 hours interval between solids and two hours between liquids.

Danger Signs

1. Sudden loss of blood.
2. Temperature over 105° F.
3. Temperature under 96.5° F.
4. Sudden rise or fall of temperature.
5. Difficult breathing, with blueness of lips and face.
6. Continued faintness, with feeble pulse, "wanting air."
7. Cold sweat, low temperature, greyish skin.

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INFECTION & DISINFECTION

Antiseptic resists putrefaction. Disinfectant frees from infection. Deodorant frees from smell.

Germs enter Body
(1) By inhalation of infected air; (2) By swallowing with food; (3) By inoculation; (4) By cracks in skin, bad teeth, &c.

Disinfecting Solutions
Carbolic Acid—1 in 60 or 1 in 80 for wounds; in 20 for clothes, excreta, &c.
Lysol, Izal, or Sanitas—1 in 80 for wounds; 1 in 40 for clothes.

Mercury, Biniodide of—1 in 500.
Mercury, Perchloride of—1 in 4,000 for wounds; 1 in 500 to 1 in 1,000 for general disinfection.

Potassium Permanganate—40 grains to an ounce.
For Strong Mixture for disinfection equal parts of Carbolic Acid (1 in 20) with Perchloride of Mercury (1 in 500).
Iodine—Mild tincture used on patient's skin before operation.

Alcohol—may be used in form of methylated spirit for cleansing wounds.

Infectious Diseases—Eruptions (see p. 11)
Chicken Pox.—Red pimples on face. *Enteric or Typhoid Fever*.—Rose coloured, size of mustard seeds, on abdomen. *Erysipelas*.—Shining, red, slightly elevated, sharply defined edge. *German Measles*.—Red spots, round or oval, slightly elevated, on cheek and nose. *Measles*.—Dusky red colour, behind ears and on forehead. *Scarlet Fever*.—Bright red spots on chest and bend of elbows. *Smallpox*.—Pimples feel like shot under skin, on face and wrists.

Fomentations or Stupes
To make: Place towel in basin, on towel lay piece of folded lint or flannel, size required. Pour on boiling water, twist ends of towel in opposite directions to squeeze out water, remove lint or flannel and shake it. Place on patient, cover with piece of jaconet, over that place some wadding. Boracic fomentations made by using boracic lint, and turpentine fomentations by floating ½-oz. of turpentine on water lifting flannel evenly out.

Suppositories
Suppositories are solid preparations of conical shape. To administer: place patient in position for enema, oil suppository and gently pass into rectum, press folded towel against anus for 2 or 3 minutes.

INFECTIOUS DISEASES

Disease	Incubation Period	Eruption—[see p. 10]	Quarantine Period	Remarks
Cerebro-spinal Fever	Often only one day	—	—	Patient isolated until doctor pronounces free from infection.
Chicken-pox	12-21 days	1st day	—	Infections until all scabs are off.
Diphtheria	—	—	—	Patient isolated until doctor pronounces free from infection.
Erysipelas	3-7	—	—	Isolate until rash disappears and peeling finished.
German Measles	18-21	—	—	Isolate 10 days from appearance of rash.
Influenza	Sudden onset	—	—	To be isolated until 8 days after temperature becomes normal.
Measles	10-14 days	4th day	21 days	—
Mumps	12-15	—	22 days	—
Scarlet Fvr.	1-7	2nd	6 weeks or upwards	About 7th day skin begins to peel.
Small-pox	10-14	3rd	Till every scab falls off	About 12th day pustules dry up and form scabs.
Typhoid Fvr. (Enteric)	21	7th	—	Beware of complications: ulcers, hemorrhage, &c.
Whooping Cough	14 (usually)	—	16 days	Infectivity lasts 6 weeks provided whoop has ceased.

ROLLER BANDAGES

1. See bandage is firmly rolled.
2. Stand in front of part to be bandaged.
3. Place part in position in which it is to remain.
4. Lay outside of bandage against skin.
5. Fix bandage.
6. Bandage from within outwards.
7. Bandage from below upwards.
8. Crossings and reverses in straight line.
9. Lower edge of each turn parallel with one above.
10. Each successive turn should overlap about two-thirds of preceding one.
11. Always reverse downwards.
12. Never reverse over bony surface.
13. Fasten off bandage with safety pin.

Methods of Bandaging.

1. Spiral (when part to be bandaged of about same diameter throughout).
2. Figure of 8 (when part of irregular size, as joint).
3. Reverse (when diameter of part changes).
4. Spica (a form of figure of 8, used for hip, thumb, shoulder).

Poultices

Linseed Poultice—Put boiling water in warmed basin, stir in crushed linseed until it comes clean away from basin. Thickness, ¼ to ½ inch.

Jacket Poultice made on linen in two halves, one for chest, one for back. Covered with Gamgee Tissue, secured by many-tailed bandage.

Bread poultice made with stale bread crumbs and boiling water.

Mustard Plaster—Mix mustard with cold water into paste; spread on linen, cover with muslin and place muslin side next to skin. For reddening leave on five minutes, for blistering leave on ten minutes.

Mustard Leaf—Cut required size, soak in tepid water. Dust skin with powder when removed.

Medicated Clay Preparations (*Cataplasma Kaelin*) often used instead of poultices.

Rules for Administration of Medicine

- 1.—Always read directions on label.
- 2.—Measure dose accurately in measure glass.
- 3.—Keep medicines away from outward applications.
- 4.—Shake bottle before pouring out mixture.
- 5.—Hold bottle with label upwards.
- 6.—Wash glass after use.
- 7.—Let patient wash mouth after taking medicine.
- 8.—Keep medicine bottles out of sight and reach of patient.
- 9.—Note effect of medicine on patient.
- 10.—Give all medicines at exact time ordered.

Common Abbreviations in Prescriptions

aa, ana—of each	mor die, more dictu—as directed
ad, adde—add	o.m, omne mane—every morning
ad lib, ad libitum—as much as desired	oh, omne hora—every hour
æq, æquales—equal	on, omni nocte—every night
aq, aqua—water	p.r.n, pro re nata—when required
bis ind, bis indies—twice a day	q.s, quantum sufficit—a sufficient quantity
c, cum—with	rep, repitatus—repeat
c.m, cras mane—to-morrow morning	sum, sumendum—let it be taken
c.n, cras nocte—to-morrow night	sap, sape—often
ft, fiat—make	s.o.s, si opus sit—if necessary
gutt, guttæ—drops	t.d, ter die—three times a day
h.s, hora somni—bedtime	
ind, indies—daily	
mit, mitte—send	

Measures

One minim = 1 drop
One drachm (60 mins.) = 1 teaspoonful
Two drachms = 2 teaspoonfuls or 1 dessertspoonful
Four drachms (½ oz.) = 4 teaspoonfuls or 1 tablespoonful
One ounce = 2 tablespoonfuls
Ten ounces = 1 tumblerful
Twenty ounces = 1 pint

Bed-sores

Caused by pressure of constantly lying in one position and by rucking of under sheet. To prevent, bathe suspicious places with warm soap and water using hand and rubbing in with circular movement; dry with towel, apply methylated spirit and dusting powder.

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This folder has been designed to outline the main points of "First Aid" treatment in such a form as to serve as a useful reminder for the Ambulance or Red Cross student, and also as a condensed treatise upon the subject for "the man in the street" and those who have not the time or inclination to undertake a complete course of study.

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This useful folder embraces a series of 72 carefully drawn diagrams illustrating the many applications of triangular, roller, and other bandages, with notes. An essential companion to "First Aid in Few Words" and "Home Nursing in Few Words."

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